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|   | PTO/SB/05 (08-00)                                                                                                                                    | † A            |
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|   | NORTH-452A/A-2355                                                                                                                                    | 126 <b>2</b> 9 |

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1 52(b))

| Attorney Docket No                                               |       | NORTH-452A/A-2355                                         |  |
|------------------------------------------------------------------|-------|-----------------------------------------------------------|--|
| First Inve                                                       | entor | Raymond F Ayala                                           |  |
| Title METHOD FOR PROGRAMMING A KEY ALLOWING ACCESS TO AN ENCLOSE |       | PROGRAMMING A KEY FOR SELECTIVELY<br>CESS TO AN ENCLOSURE |  |
| Express Mail Label No                                            |       | EL 794641441 US                                           |  |

| APPLICA<br>See MPEP chapter 600 conce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDRESS TO                                            | Assistant Commiss<br>Box Patent Applica<br>Washington, DC 20                                                                                                                                                                            | tion                                                                                                                                                                                                                                                                    | ts                                                                                                                |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| -Statement Regardin -Reference to seque: a computer program -Background of the Ir -Brief Summary of th -Brief Description of discovered to the Ir -Detailed Description -Claim(s) -Abstract of the Discovered to t | Total Pages                                           | Computer Progra  Nucleotide and/o See 37 CFR 1 27  a Compute b Specific  C Statement: a compute ACCOMP  Assignment Pa  37 CFR 3 73(b)  English Transla  Information Dis  Return Receipt  X Return Receipt  Certified Copy (if foreign p | r Amino Acid Sequence (if applicable, all necess er Readable Form (CRF) eation Sequence Listin CD-ROM or CD-R (2 of paper s verifying identity of abor r program listing append ANYING APPLICATI pers (cover sheet & docu- ) Statement ation Document (if applications) | Submission sary)  Ing on copies), or ove copies lix  ION PARTS  Jument(s))  Sociate Power of Jument(s)  JPTO-1449 | Copies of IDS<br>Citations<br>cally itemized) |
| 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1 76  Continuation  Divisional  Prior application information  Examiner  Examiner  For CONTINUATION OR DIVISIONAL APPS only  The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                         |                                                                                                                   |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18. CORRES                                            | PONDENCE ADDRESS                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                         |                                                                                                                   |                                               |
| Customer Number o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | r Bar Code Label Insert Customer No or A              | ttach bar code label here or                                                                                                                                                                                                            | X Custom                                                                                                                                                                                                                                                                | ner address belov                                                                                                 | /                                             |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Terry J Anderson, Esq<br>NORTHROP GRUMMAN CORPORATION |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                         |                                                                                                                   |                                               |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1840 Century Park East                                |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                         | <del> </del>                                                                                                      | 1                                             |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Los Angeles                                           | State CA                                                                                                                                                                                                                                | <u> </u>                                                                                                                                                                                                                                                                | Zip Code                                                                                                          | 90067-2199                                    |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | USA                                                   |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                         |                                                                                                                   |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Anna O Pari                                           | 0en                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                         | 25 122 5                                                                                                          | 24 833                                        |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Brace B Brunda MARK 8-GAZ                             | Registration No                                                                                                                                                                                                                         | (Attorney/Agent)                                                                                                                                                                                                                                                        | -28,497                                                                                                           | 34,823                                        |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I/NIO X-                                              |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                         | Date ( 77                                                                                                         | IGI                                           |

Complete (if applicable)

## **FEE TRANSMITTAL** for FY 2001

| PTO/SB/17 (09-00)  Approved for use through 10/31/2002 OMB 0651-0032  U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number |        |                      |                   |  |
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| FEE TRANSMITTAL for FY 2001  Patent fees are subject to annual revision                                                                                                                                                                                                                         |        | Complete if Known    |                   |  |
|                                                                                                                                                                                                                                                                                                 |        | Application Number   |                   |  |
|                                                                                                                                                                                                                                                                                                 |        | Filing Date          | Herewith          |  |
|                                                                                                                                                                                                                                                                                                 |        | First Named Inventor | Raymond F Ayala   |  |
|                                                                                                                                                                                                                                                                                                 |        | Examiner Name        |                   |  |
|                                                                                                                                                                                                                                                                                                 | 710.00 | Group Art Unit       |                   |  |
| OTAL AMOUNT OF PAYMENT                                                                                                                                                                                                                                                                          |        | Attorney Docket No   | NORTH-452A/A-2355 |  |

| METHOD OF PAYMENT                                                                                                                                                                                                                                                                                    | FEE CALCULATION (continued)                                                                                                                                                                                                                                                              |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to                                                                                                                                                                                                        | 3. ADDITIONAL FEES  Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid                                                                                                                                                                               |  |  |  |
| Account<br>Number 14-1325                                                                                                                                                                                                                                                                            | ουαυ (ψ) ουαυ (ψ)                                                                                                                                                                                                                                                                        |  |  |  |
| Deposit Account Name Northrop Grumman Corporation                                                                                                                                                                                                                                                    | 105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge - late provisional filing 139 130 139 130 Non-English specification 147 2,520 147 2,520 For filing a request for ex parte                                                                                     |  |  |  |
| X Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17 ☐ Applicant claims small entity status See 37 CFR 1 27                                                                                                                                                                               | reexamination  112 920* 112 920* Requesting publication of SIR prior to Examiner action                                                                                                                                                                                                  |  |  |  |
|                                                                                                                                                                                                                                                                                                      | 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action                                                                                                                                                                                                                |  |  |  |
| 2. Payment Enclosed: DEPOSIT ACCT.                                                                                                                                                                                                                                                                   | 115         110         215         55         Extension for reply within first month           116         390         216         195         Extension for reply within second month           117         890         217         445         Extension for reply within third month |  |  |  |
| ☐ Check ☐ Credit card ☐ Money Order X Other                                                                                                                                                                                                                                                          | 118 1,390 218 695 Extension for reply within fourth month 128 1,890 228 945 Extension for reply within fifty month                                                                                                                                                                       |  |  |  |
| FEE CALCULATION  1. BASIC FILING FEE                                                                                                                                                                                                                                                                 | 120 310 220 155 Filing a brief in support of an appeal 121 270 221 135 Request for oral hearing 138 1 510 138 1 510 Petition to institute a public use                                                                                                                                   |  |  |  |
| Large Entity                                                                                                                                                                                                                                                                                         | Proceeding                                                                                                                                                                                                                                                                               |  |  |  |
| 108 710 208 355 Reissue Filing fee 114 150 214 75 Provisional Filing fee  SUBTOTAL (1) \$ 710 00                                                                                                                                                                                                     | 123 50 123 50 Petitions related to provisional applications  126 240 126 240 Submission of Information Disclosure Statement                                                                                                                                                              |  |  |  |
|                                                                                                                                                                                                                                                                                                      | 581 40 5.81 40 Recording each patent assignment per property (times number of properties)  146 710 246 355 Filling a submission after final rejection                                                                                                                                    |  |  |  |
| 2. EXTRA CLAIM FEES Fee from                                                                                                                                                                                                                                                                         | (37 CFR § 1 129(a)) 149 710 249 355 For each additional invention to be examined                                                                                                                                                                                                         |  |  |  |
| Extra Claims below Fee Paid                                                                                                                                                                                                                                                                          | 179 710 279 355 Request for Continued Examination (RCE)                                                                                                                                                                                                                                  |  |  |  |
| Total Claims 8 - 20** = 0 X = Independent Claims 2 - 3 = 0 X = Multiple Dependent = =                                                                                                                                                                                                                | 169 900 169 900 Request for expedited examination of a design applicattion  Other fee (specify)                                                                                                                                                                                          |  |  |  |
| Large Entity Small Entity Fee Fee Fee Fee Fee Fee Description Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3 104 270 204 135 109 80 209 40 110 18 210 9 SUBTOTAL (2) \$ 0  **or number previously paid, if greater, For Reissues, see above | * Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$                                                                                                                                                                                                                                       |  |  |  |

SUBMITTED BY: 34,823 (949) 855-1246 Registration No Telephone Name (Print/Type) B. GARRED Attorney/Agent Date 0 Signature

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Assistant Commissioner For Patents Box Patent Application Washington, D.C. 20231

on June 27, 2001 (Date)

Mangino

Signature

Dawn L. Mangino

Typed or printed name of person signing Certificate

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- 1. Utility Patent Application Transmittal (1 pg);
- 2. Fee Transmittal for FY 2001 (1 pg) (in duplicate);
- 3. Patent Application of (25 pgs);
- 4. Drawings (18 pgs);
- 5. Associate Power of Attorney (1 pg);
- 6. INFORMATION DISCLOSURE STATEMENT PURSUANT TO 37 C.F.R. SECTION 1.97 (2 pgs.)
- 7. Form PTO-1449 of (1 pg) (in duplicate);
- 8. Copy of 1 cited reference; and
- 9. Return Postcard to acknowledge receipt.